

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

STANETTE M. ROSE,

Plaintiff,

v.

CAROLYN W. COLVIN, Acting  
Commissioner of the Social Security  
Administration,

Defendant.

CASE NO. 13-cv-06048 BHS

REPORT AND RECOMMENDATION  
ON PLAINTIFF'S COMPLAINT

Noting Date: August 15, 2014

This matter has been referred to United States Magistrate Judge J. Richard  
Creatura pursuant to 28 U.S.C. § 636(b)(1) and Local Magistrate Judge Rule MJR  
4(a)(4), and as authorized by *Mathews, Secretary of H.E.W. v. Weber*, 423 U.S. 261,  
271-72 (1976). This matter has been fully briefed (*see* ECF Nos. 13, 14, 15).

After considering and reviewing the record, the Court finds that the ALJ failed to  
provide legally sufficient reasons to discredit the medical opinions of examining  
physicians Shawn Kenderdine, Ph.D., Philip Dunbar-Mayer, Psy.D., and Hilary Witaker-

1 Clark, Ph.D.. Because these errors were not harmless, this matter should be reversed and  
2 remanded pursuant to sentence four of 42 U.S.C. § 405(g) to the Acting Commissioner  
3 for further consideration.

#### 4 BACKGROUND

5 Plaintiff, STANETTE M. ROSE, was born in 1958 and was 42 years old on the  
6 amended alleged date of disability onset of October 1, 2011 (*see* Tr. 22, 219, 221).  
7 Plaintiff completed school through her sophomore year in college and held several  
8 professional licenses related to her stockbroker work (Tr. 54). Plaintiff has work  
9 experience as a stockbroker, sales representative, and financial advisor (Tr. 91, 259).  
10 Plaintiff was fired from her stockbroker position because of her “behaviors as a manic  
11 person” (Tr. 62).  
12

13 According to the ALJ, plaintiff has at least the severe impairments of “bipolar  
14 disorder; anxiety disorder; panic disorder; and alcohol dependence in remission (20 CFR  
15 404.1520(c) and 416.920(c))” (Tr. 24). At the time of the hearing, plaintiff was living  
16 with her partner of four years (Tr. 56).

#### 17 PROCEDURAL HISTORY

18 Plaintiff’s applications for disability insurance (“DIB”) benefits pursuant to 42  
19 U.S.C. § 423 (Title II) and Supplemental Security Income (“SSI”) benefits pursuant to 42  
20 U.S.C. § 1382(a) (Title XVI) of the Social Security Act were denied initially and  
21 following reconsideration (*see* Tr. 104-15, 116-27, 130-41, 142-53). Plaintiff’s requested  
22 hearing was held before Administrative Law Judge David Johnson (“the ALJ”) on April  
23 17, 2013 (*see* Tr. 44-100). On May 23, 2013, the ALJ issued a written decision in which  
24

1 the ALJ concluded that plaintiff was not disabled pursuant to the Social Security Act (*see*  
2 Tr.19-43).

3 On October 16, 2013, the Appeals Council denied plaintiff's request for review,  
4 making the written decision by the ALJ the final agency decision subject to judicial  
5 review (Tr. 1-6). *See* 20 C.F.R. § 404.981. Plaintiff filed a complaint in this Court  
6 seeking judicial review of the ALJ's written decision in December 2013 (*see* ECF Nos. 1,  
7 3). Defendant filed the sealed administrative record regarding this matter ("Tr.") on  
8 February 24, 2014 (*see* ECF Nos. 10, 11).

9  
10 In plaintiff's Opening Brief, plaintiff raises the following issues: (1) Whether or  
11 not the ALJ properly assessed plaintiff's Residual Functional Capacity ("RFC"); and (2)  
12 Whether or not the ALJ provides a sufficient basis for questioning the credibility of  
13 plaintiff (*see* ECF No. 13, p. 2).

#### 14 STANDARD OF REVIEW

15 Pursuant to 42 U.S.C. § 405(g), this Court may set aside the Commissioner's  
16 denial of social security benefits if the ALJ's findings are based on legal error or not  
17 supported by substantial evidence in the record as a whole. *Bayliss v. Barnhart*, 427 F.3d  
18 1211, 1214 n.1 (9th Cir. 2005) (*citing Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir.  
19 1999)).

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DISCUSSION

(1) Whether or not the ALJ properly assessed plaintiff's Residual Functional Capacity.

Because the ALJ's conclusions regarding plaintiff's Residual Functional Capacity ("RFC") necessarily involve the ALJ's consideration of the psychologists' opinions, plaintiff argues that because the ALJ improperly evaluated these opinions, the ALJ's RFC is also called into question. Therefore, a review of the ALJ's consideration of the psychologists' opinions is necessary.

a. Shawn Kenderdine, Ph.D. – Examining Psychologist

Dr. Kenderdine evaluated plaintiff on January 6, 2012, on behalf of the State Department of Social and Health Services (Tr. 391-94). Dr. Kenderdine diagnosed plaintiff with Bipolar Disorder and Alcohol Dependence in remission and measured her GAF score at 47 (Tr. 391). He also opined that the "[s]everity of psychiatric symptoms in conjunction with relatively short period of abstinence significantly impairs her ability to tolerate normal work-related stressors." (Tr. 392). The ALJ gave this opinion little weight because of plaintiff's false statements regarding her living situation and because of plaintiff's statements regarding her financial advising business (Tr. 34). Plaintiff argues these were not legally sufficient reasons to discredit the opinion (ECF No. pp. 11-12). This Court agrees.

The ALJ must provide "clear and convincing" reasons for rejecting the uncontradicted opinion of either a treating or examining physician or psychologist. *Lester v. Chater*, 81 F.3d 821, 830 (9th Cir. 1996) (citing *Embrey v. Bowen*, 849 F.2d 418, 422 (9th Cir. 1988); *Pitzer v. Sullivan*, 908 F.2d 502, 506 (9th Cir. 1990)). But when

1 a treating or examining physician's opinion is contradicted, that opinion can be rejected  
2 "for specific and legitimate reasons that are supported by substantial evidence in the  
3 record." *Lester, supra*, 81 F.3d at 830-31 (*citing Andrews v. Shalala*, 53 F.3d 1035, 1043  
4 (9th Cir. 1995); *Murray v. Heckler*, 722 F.2d 499, 502 (9th Cir. 1983)). The ALJ can  
5 accomplish this by "setting out a detailed and thorough summary of the facts and  
6 conflicting clinical evidence, stating his interpretation thereof, and making findings."  
7 *Reddick v. Chater*, 157 F.3d 715, 725 (9th Cir. 1998) (*citing Magallanes v. Bowen*, 881  
8 F.2d 747, 751 (9th Cir. 1989)).

9  
10 The ALJ first discredited Dr. Kenderdine's opinion stating that it is "greatly  
11 undermined by the claimant providing false statements to him regarding her living  
12 situation." (Tr. 34). Plaintiff reported to Dr. Kenderdine that she was living in her car,  
13 whereas the CDIU report noted that plaintiff was living with her significant other,  
14 Edward Colgate (Tr. 392, 407-08). The ALJ does not explain why this inconsistency  
15 would justify discrediting Dr. Kenderdine's opinion (Tr. 34). There is no evidence to  
16 support a finding that Dr. Kenderdine's opinion was based in significant part on this  
17 piece of information. It seems especially unlikely that the opinion would be based on this  
18 one statement from plaintiff when Dr. Kenderdine completed a mental status examination  
19 as part of the evaluation and noted observing many of plaintiff's mental health symptoms  
20 (Tr. 391, 393-94). The inconsistency regarding plaintiff's living situation is not a specific  
21 and legitimate reason for discrediting Dr. Kenderdine's medical opinion.

22  
23 The ALJ also noted that plaintiff's "reports to the CDIU detective regarding her  
24 business ventures weaken the doctor's opinion that she has stress tolerance limitations."

1 (Tr. 34). According to the CDIU detective, plaintiff reported that she started a business  
2 with her significant other, and reported “doing really good getting new clients.” (Tr.  
3 409). Plaintiff also reported to the detective that they went to a business meeting every  
4 week at a coffee shop where she would promote the business to other local business  
5 owners. *Id.* She reported that these meetings usually lasted about an hour and a half and  
6 would involve between twelve and sixty people. *Id.* Plaintiff testified at the hearing  
7 regarding this business venture and reported that it had been unsuccessful and that it had  
8 only generated \$475 total (Tr. 59-60, 65). The ALJ noted the work activity was  
9 unprofitable, but he declined to decide whether the work reached the level of substantial  
10 gainful activity.  
11

12 Dr. Kenderdine’s opinion is supported by independent objective findings from a  
13 mental status examination which demonstrated rapid and circumstantial speech, as well  
14 as difficulties in memory, concentration, and exercising judgment (Tr. 393-94). Further,  
15 because the evidence regarding the amount of work plaintiff performed is inconclusive, it  
16 is not clear to this Court that it would be inconsistent with Dr. Kenderdine’s opinion.  
17 Plaintiff’s statement to the CDIU investigator regarding her work attempt is not a specific  
18 and legitimate reason to discredit the opinion of examining psychologist Dr. Kenderdine.  
19

20 The Ninth Circuit has “recognized that harmless error principles apply in the  
21 Social Security Act context.” *Molina v. Astrue*, 674 F.3d 1104, 1115 (9th Cir. 2012)  
22 (citing *Stout v. Commissioner, Social Security Administration*, 454 F.3d 1050, 1054 (9th  
23 Cir. 2006) (collecting cases)). The court noted that “in each case we look at the record as  
24 a whole to determine [if] the error alters the outcome of the case.” *Id.* The court also

1 | noted that the Ninth Circuit has “adhered to the general principle that an ALJ’s error is  
2 | harmless where it is ‘inconsequential to the ultimate nondisability determination.’” *Id.*  
3 | (*quoting Carmickle v. Comm’r Soc. Sec. Admin.*, 533 F.3d 1155, 1162 (9th Cir. 2008))  
4 | (other citations omitted). The court noted the necessity to follow the rule that courts must  
5 | review cases “‘without regard to errors’ that do not affect the parties’ ‘substantial  
6 | rights.’” *Id.* at 1118 (*quoting Shinsheki v. Sanders*, 556 U.S. 396, 407 (2009) (*quoting* 28  
7 | U.S.C. § 2111) (codification of the harmless error rule)). Had Dr. Kenderdine’s opinion  
8 | been given full weight, it may very well have changed the disability determination. Thus,  
9 | the ALJ’s error was not harmless.

11 |           b. Philip Dunbar-Mayer, Psy.D. – Examining Psychologist

12 |           Dr. Dunbar-Mayer conducted a psychological consultative evaluation of plaintiff  
13 | at the request of the Administration on February 23, 2012 (Tr. 412-17). Dr. Dunbar-  
14 | Mayer diagnosed plaintiff with Bipolar I Disorder and Generalized Anxiety Disorder and  
15 | measured her GAF score at 35 (Tr. 416). Dr. Dunbar-Mayer noted that plaintiff had poor  
16 | memory function, that her sustained concentration and persistence was inconsistent, that  
17 | her social interaction and interpersonal relationships were limited, and that her ability to  
18 | adapt to routine changes in a typical work setting is likely to be impacted by her  
19 | symptoms (Tr. 417). The ALJ gave weight to Dr. Dunbar-Mayer’s opinions regarding  
20 | plaintiff’s concentration and cognitive functioning finding it consistent with the mental  
21 | status examination (Tr. 34). The ALJ gave little weight to the opined social limitations  
22 | finding them based on plaintiff’s unreliable self reports and inconsistent with other  
23 | evidence in the record. *Id.* The ALJ also found plaintiff’s ability to operate a small  
24 |

1 business undermined the doctor's opinion regarding plaintiff's adaptation abilities. *Id.*  
2 The ALJ further noted that plaintiff had a higher level of function with medication  
3 compliance. *Id.* Plaintiff argues the ALJ erred in evaluating this opinion (ECF No. 13,  
4 pp. 12-13). This Court, in part, agrees.

5 While the ALJ did provide specific and legitimate reasons to discount Dr. Dunbar-  
6 Mayer's social limitations, the ALJ did not provide adequate reasons to discount the  
7 opined adaptive limitations. As discussed above, the record contains limited information  
8 regarding the extent or duration of the work activity performed by plaintiff, specifically  
9 during the relevant time period. It is not clear to this Court that the opined limitations in  
10 adapting to change would be inconsistent with plaintiff's work activity. Regardless, the  
11 ALJ included a limitation to no more than occasional adaptation to changes in routine in  
12 the RFC finding. Therefore, even if the opined adaptative limitations were given credit,  
13 the ultimate disability determination would not change, thus any error regarding this  
14 limitation would be harmless. *See Molina*, 674 F.3d at 1115.

16 The ALJ did not specifically address Dr. Dunbar-Mayer's opined memory  
17 limitations (Tr. 34). The Commissioner "may not reject 'significant probative evidence'  
18 without explanation." *Flores v. Shalala*, 49 F.3d 562, 570-71 (9th Cir. 1995) (*quoting*  
19 *Vincent v. Heckler*, 739 F.2d 1393, 1395 (9th Cir. 1984) (*quoting Cotter v. Harris*, 642  
20 F.2d 700, 706-07 (3d Cir. 1981))). The "ALJ's written decision must state reasons for  
21 disregarding [such] evidence." *Flores, supra*, 49 F.3d at 571. Because the opined  
22 memory limitations were not included in the ALJ's RFC finding, it is assumed the ALJ  
23 did not accord weight to this limitation (Tr. 26). As such, the ALJ erred in failing to  
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1 articulate a reason to discredit this significant probative evidence. Because this evidence,  
2 if credited, may have changed the ultimate disability determination, this error was not  
3 harmless. *See Molina*, 674 F.3d at 1115.

4 While the ALJ noted that Dr. Dunbar-Mayer stated that medications would  
5 increase plaintiff's capability of employment and implied that plaintiff was not compliant  
6 with medication at the time this evaluation was completed, this was a misstatement of the  
7 doctor's comments (Tr. 34). Dr. Dunbar-Mayer wrote that "[t]he likelihood of the  
8 claimant's mental health condition improving in the next 12 months is fair as this  
9 diagnosis of Bipolar Disorder I and Generalized Anxiety Disorder is generally considered  
10 a lifelong condition and she will need to *continue* with therapy and active medication  
11 management." (Tr. 416-17) (emphasis added). This statement reflects a future prognosis  
12 of plaintiff's condition and does not demonstrate that plaintiff was not compliant with  
13 medications. As such, this reason for rejecting Dr. Dunbar-Mayer's opinion is not  
14 supported by substantial evidence in the record.

16 c. Hilary Whitaker-Clark, Ph.D. – Examining Psychologist

17 Dr. Whitaker-Clark evaluated plaintiff on behalf of the State Department of Social  
18 And Health Services on August 8, 2012 (Tr. 451-56). Dr. Whitaker-Clark diagnosed  
19 plaintiff with Bipolar I Disorder, rule out Schizoaffective Disorder, Panic Disorder  
20 without Agoraphobia, and Alcohol Dependence in Full Sustained Remission and  
21 measured her GAF score at 45 (Tr. 454). Dr. Whitaker-Clark also opined plaintiff would  
22 be markedly to severely limited in all but one assessed functional area (TR 454-55). The  
23 ALJ discredited the opined cognitive and social functioning limitations based on  
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1 plaintiff's unreliable self reports (Tr. 35). The ALJ also noted that plaintiff's "symptoms  
2 were likely amplified due to her non-compliance with medication." *Id.* Finally, the ALJ  
3 found the opinion inconsistent with plaintiff's daily activities including running a small  
4 business and judging a poetry event. *Id.* Plaintiff argues these were not legally sufficient  
5 reasons to discredit the opinion (ECF No. 13, pp. 14-16). This Court agrees.

6 "A physician's opinion of disability 'premised to a large extent upon the  
7 claimant's own accounts of his symptoms and limitations' may be disregarded where  
8 those complaints have been" discounted properly. *Morgan v. Comm'r. Soc. Sec. Admin.*,  
9 169 F.3d 595, 602 (9<sup>th</sup> Cir. 1999) (*quoting Fair v. Bowen*, 885 F.2d 597, 605 (9th Cir.  
10 1989) (*citing Brawner v. Sec. HHS*, 839 F.2d 432, 433-34 (9th Cir. 1988))). However,  
11 like all findings by the ALJ, a finding that a doctor's opinion is based largely on a  
12 claimant's own accounts of his symptoms and limitations must be based on substantial  
13 evidence in the record as a whole. *See Bayliss v. Barnhart*, 427 F.3d 1211, 1214 n.1 (9th  
14 Cir. 2005) (*citing Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir. 1999)). Here the ALJ  
15 provides no support for his finding that the opinion was based to a large extent on  
16 plaintiff's subjective complaints (Tr. 35). Dr. Whitaker-Clark performed a mental status  
17 examination and provided clinical observations in support of her conclusions (Tr. 455-  
18 56).

19  
20 The Court notes that "experienced clinicians attend to detail and subtlety in  
21 behavior, such as the affect accompanying thought or ideas, the significance of gesture or  
22 mannerism, and the unspoken message of conversation. The Mental Status Examination  
23 allows the organization, completion and communication of these observations." Paula T.  
24

1 Trzepacz and Robert W. Baker, *The Psychiatric Mental Status Examination 3* (Oxford  
2 University Press 1993). “Like the physical examination, the Mental Status Examination is  
3 termed the *objective* portion of the patient evaluation.” *Id.* at 4 (emphasis in original).

4         The Mental Status Examination generally is conducted by medical professionals  
5 skilled and experienced in psychology and mental health. Although “anyone can have a  
6 conversation with a patient, [] appropriate knowledge, vocabulary and skills can elevate  
7 the clinician’s ‘conversation’ to a ‘mental status examination.’” Trzepacz and Baker,  
8 *supra*, *The Psychiatric Mental Status Examination 3*.

9  
10         All psychological evaluations must rely, at least in part, on plaintiff’s subjective  
11 statements; however, here the opinion is well supported by objective psychological  
12 testing. Therefore, the ALJ’s conclusion that the opinion was based in large part on  
13 subjective statements was not supported by substantial evidence.

14         Similarly, the ALJ’s finding that plaintiff’s symptoms were likely amplified due to  
15 non-compliance with medication is also not supported by substantial evidence (Tr. 35).  
16 The ALJ cites to no evidence to support this finding and the records show that plaintiff  
17 was receiving counseling through Community Health Center and was taking the  
18 medications Risperidone and Depakote at the time of the evaluation (Tr. 452-53). This  
19 was not a legally sufficient reason to discredit the opinion.

20         The ALJ also discredits this opinion based on the statements plaintiff made to the  
21 CDIU investigator regarding her work activity (Tr. 35). These statements were made  
22 seven months prior to the evaluation by Dr. Whitaker-Clark (Tr. 398, 455). Further, as  
23 discussed previously, it is not clear that this activity would be inconsistent with all of the  
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1 limitations opined by Dr. Whitaker-Clark. The only other daily activity noted by the ALJ  
2 as inconsistent with the opinion was plaintiff judging a poetry contest (Tr. 35). There is  
3 little information about what this involved, and while it may be inconsistent with certain  
4 social functioning limitations, it is not clear that that one activity is inconsistent with the  
5 multitude of limitations opined by Dr. Whitaker-Clark.

6 The ALJ failed to provide specific and legitimate reasons to discredit the opinion  
7 of Dr. Whitaker-Clark. Further, because the disability determination may have changed  
8 had this opinion been given weight, the error was not harmless. *See Molina*, 674 F.3d at  
9 1115.

10  
11 (2) Whether or not the ALJ provides a sufficient basis for questioning the  
credibility of plaintiff.

12 The Court already has concluded that the ALJ erred in reviewing the medical  
13 evidence and that this matter should be reversed and remanded for further consideration,  
14 *see supra*, section 1. In addition, a determination of a claimant's credibility relies in part  
15 on the assessment of the medical evidence. *See* 20 C.F.R. § 404.1529(c). Therefore,  
16 plaintiff's credibility should be assessed anew following remand of this matter.

### 17 CONCLUSION

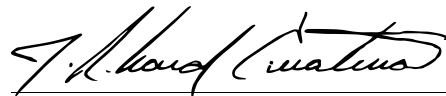
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19 The ALJ discredited the medical opinions from all of the examining physicians in  
20 the record primarily based on isolated statements plaintiff made to a CDIU investigator  
21 (Tr. 34-35). While these investigations are one factor to be considered in evaluating a  
22 case, it is unreasonable for it to be used to discredit all of the opinion evidence in the  
23 record, especially when those opinions are made by trained psychologists and  
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1 independently supported by objective testing and plaintiff's treatment records. The ALJ  
2 erred in evaluating these opinions, and in turn erred in determining plaintiff's residual  
3 functional capacity.

4 Based on these reasons, and the relevant record, the undersigned recommends that  
5 this matter be **REVERSED** and **REMANDED** pursuant to sentence four of 42 U.S.C. §  
6 405(g) to the Acting Commissioner for further consideration. **JUDGMENT** should be  
7 for **PLAINTIFF** and the case should be closed.

8 Pursuant to 28 U.S.C. § 636(b)(1) and Fed. R. Civ. P. 72(b), the parties shall have  
9 fourteen (14) days from service of this Report to file written objections. *See also* Fed. R.  
10 Civ. P. 6. Failure to file objections will result in a waiver of those objections for  
11 purposes of de novo review by the district judge. *See* 28 U.S.C. § 636(b)(1)(C).  
12 Accommodating the time limit imposed by Rule 72(b), the clerk is directed to set the  
13 matter for consideration on August 15, 2014, as noted in the caption.  
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15 Dated this 18<sup>th</sup> day of July, 2014.

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18 J. Richard Creatura  
19 United States Magistrate Judge  
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